SAFE DEPOSIT BOX CONTENTS

- ➤ If you have safe deposit box contents or other tangible items, do NOT include these with your required annual report. You MUST report these items separately.
- ➤ Unlike your required annual report, safe deposit box contents or other tangible items are NOT remitted to the Division of Unclaimed Property at the time the report is filed (See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for exceptions).



- ➤ Your initial report must still be in the electronic NAUPA accepted format if you have 20 or more owners.
- ➤ Once we receive your initial report, we will attempt to locate the missing owners. If we are successful, we will have them contact you. This will allow you to collect any unpaid rent or drilling fees prior to turning over the contents of the safe deposit box.
- ➤ After a minimum of one (1) year, when the Division of Unclaimed Property received your initial report of safe deposit box contents, you may dispose or auction the contents.
- ➤ Any additional funds due the owner are reportable to the Division of Unclaimed Property in your disposition report (See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for applicable fees and charges that may be deducted).
- ➤ You must use the unique report for the final disposition of safe deposit box contents. The report and funds are required to be remitted to the Division of Unclaimed Property.

For additional information regarding the reporting of safe deposit box contents, please review T.C.A., Section 45-2-907 and Unclaimed Property Rule 1700-2-1-.37.



STATE OF TENNESSEE+TREASURY DEPARTMENT

Unclaimed Property Division
P.O. Box 198649•Nashville, Tennessee 37219-8649•(615) 253-5362
E-mail: UCP.holder@state.tn.us
www.treasury.state.tn.us/unclaim



III. ANNUAL REPORT OF UNCLAIMED PROPERTY

VERIFICATION & AFFIDAVIT OF SAFE DEPOSIT ITEMS FOR YEAR ENDED DECEMBER 31, _

A.	Holder #	
Name		
Address		
E-Mail	State of Incorporation	
Fed Tax ID#	Date of Incorporation	
Name of conta	tact person or department designated to respond to safe deposit box unclaimed property inquiries:	
Name		
Telephone		_
E-Mail	- <u></u> <u></u> -	
B. Type of co	ompany:	
	eport:	
D. Total cash	n remitted (make check payable to "State Treasurer of Tennessee"):	
E. Total share	res of physical securities remitted:	
F. Face amou	unt of bonds remitted:	
G. Amount de	eposited to lessee's existing account:	
declares under contain a full, presumed abar I have attemp twenty days a	cation and affidate the provisions of Tennessee Code Annotated, Sections 66-29-101 through 66-29-pted to contact property owners at their last known address by first-class mail not more than one hund and no less than sixty days prior to the filing date of the report. I am duly authorized to attest to this.	153.
Date _	Signature of Chief Financial Officer (TCA 66-29-113(f)	 (g))
State of _	T'd	
City/County _	Title SEAL	
Date State of City/County Subscribed and	nd sworn to before me this day of 20	
Notary Public	2	

SAFE DEPOSIT CONTENT REPORT DUE MAY 1
Proceeds/Disposition report due 60 days after sale/disposition.

PAGE NO	OF
PAGE TOTAL	\$

AND INVENTORIED

DATE

STATE OF TENNESSEE TREASURY DEPARTMENT

REPORT DATE	
FOR YEAR ENDED	

NAUPA CODE: SD01, SD02, SD03

IV. REPORT OF UNCLAIMED

SAFE DEPOSIT PROPERTY **BOXES OPENED**

→ 0

INSERT
DISPOSITION DATE
FOR (9) AND (10)

HOLDER NAME	
HOLDER NUMBER	
HOLDED EEDEDAL TAY ID NO	

Owner's Name and Last Known Address (Alpha by Owner) and Date of Last Activity (1)	Relationship Between Owners (If Applicable)	SSN/FEIN (3)	Safe Deposit Box or Identifying Number (4)	Contents* (5)	Net Amount Deposited to Lessee's Account (6)	Cash Amount Remitted With Initial Report (7)	✓ If Sent With Report (8)*	Returned, Sold or Destroyed (9)	Net Proceeds Paid With Disposition Report (10)
Note: Remit by Check (11) Remit Total						\$			\$

Please provide all data requested.

*If cash or securities, send to State of Tennessee. Per rule 1701-2-1-.37, report contents of safe deposit box separate from other property types. If additional pages are needed, please print each completed page before resetting form.

TR 0392 (Rev. 11/2002)

RDA 1153

REPORTING INSTRUCTIONS FOR SAFE DEPOSIT BOX CONTENTS

(TANGIBLE OR SAFE DEPOSIT BOX CONTENTS ONLY.)

COVER LETTER - VERIFICATION AND AFFIDAVIT INSTRUCTIONS

Use this form for both your initial and disposition report.

- **A. HOLDER'S NAME AND ADDRESS:** Complete all requested items. It is important that we have a good contact your Unclaimed Property Report.
- **B. TYPE OF COMPANY:** Select the category which best describes your company: State Agency, Bank, Audit Entity, Estate, Finance and Mortgages, Hospitals and Health Care, Insurance Company Life, Insurance Company Casualty, Natural Resources, Corporation, Municipality and County, Retailer, Transportation, College and University, Utility, Services, Stock Broker and Mutual Fund, Transfer Agent and Securities, Manufacturing, Hospitality and Hotel, Payroll or Benefit Services, CPA and Other Professionals, Associations and Industry Groups, Media, Restaurant and Food Services.

C. TYPE OF REPORT/METHOD OF REPORT:

Initial – This is the first time you reported the owner's name and address. Tangible items are not delivered at this time (See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for exceptions).

Disposition – This is the second follow-up report that indicates the final disposition of the contents of the safe deposit box.

Select the media you are using to report. *NOTE: If you have 20 or more owners on the INITIAL report, you must file the report electronically. See Electronic Reporting Instructions.*

- **D. TOTAL CASH REMITTED:** Total amount of check or wire. Make check payable to Treasurer State of Tennessee. Include your Federal Employer ID number.
- **E. TOTAL SHARES REMITTED:** If physical shares are sent with the report, indicate the total number of shares.
- **F. FACE VALUE OF BONDS:** If bonds are sent with the report, indicate the total face value of the bonds.
- **G. AMOUNT DEPOSITED TO LESSEE'S ACCOUNT:** If able to deposit any funds into another account held by the lessee, list the total amount.
- **H. VERIFICATION AND AFFIDAVIT:** Form must be signed and notarized by CFO or other comparable position.

REPORT OF UNCLAIMED SAFE DEPOSIT PROPERTY

Use this form for the initial report ONLY if you have less than 20 owners. You must use this form for your disposition report.

- 1. OWNER'S NAME AND ADDRESS / DATE OF LAST ACTIVITY: List the owner's complete name and last known address. Omit punctuality. Include the date of last activity.
- **2. RELATIONSHIP:** If there are multiple owners, indicate the relationship between the different owners (For example, JT TEN or Custodial).
- **3. SSN/FEIN:** Indicate the owner's tax id number.
- 4. SAFE DEPOSIT BOX OR IDENTIFYING NUMBER: List the box number.
- **5. CONTENTS:** This is your inventory of the box. List each item separately with a brief description.
- **6. AMOUNT DEPOSITED TO LESSEE'S ACCOUNT:** If able to deposit any funds into another account held by the lessee, list the amount.
- 7. CASH AMOUNT REMITTED: If cash amount is sent with the initial report list the amount. See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for details when cash may be remitted with the initial report.
- 8. IF SENT WITH REPORT: Check each item that you sent with your report.
- **9. RETURNED, SOLD, OR DESTROYED:** Disposition report only. Indicate final disposition of the property: "Returned" if property was returned to the owner, "Sold" if property was sold in accordance with T.C.A., Section 45-2-907 and Rule 1700-2-1-.37, and "Destroyed" if property was destroyed in accordance with T.C.A., Section 45-2-907 and Rule 1700-2-1-.37.
- **10. NET PROCEEDS:** Disposition report only. Indicate the net amount due owner and sent with report after disposition of safe deposit box contents. See T.C.A., Section 45-2-907 and Rule 1700-2-1-.37 for applicable fees and charges you may deduct before remitting.
- 11. TOTAL NET PROCEEDS: Enter the total amount sent with report.